



Donegal School District

1051 Koser Road
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www.donegal.k12.pa.us

Volunteer Information Guidelines

Thank you for your interest in serving as a volunteer in the Donegal School District. The time, energy, and talents that you share will enhance the educational experience of our students.

In order to provide a safe learning environment for all students, volunteers are required to provide the following documents prior to working with students or staff.

• Volunteer Application

- All volunteers must complete the Volunteer Application.
- All volunteers must complete the "Arrest/Conviction Report & Certification Form".
- Volunteers under the direct supervision of a school district employee need to only submit the above two documents. Example: classroom events, mentors in supervised area.

Volunteers who are with students outside the direct supervision or presence of a school district employee (example: off campus field trips, music chaperones, athletic coaches, equipment managers, mentors in unsupervised areas) *must also provide the following:*

• PA State Police Criminal Record Check (Act 34)

- <https://epatch.state.pa.us/Home.jsp>
- Complete online at the web address referenced above; with \$10 fee paid by credit card.
- Print out results page as proof of completed clearance.

• PA Child Abuse Criminal Record Check (Act 151)

- http://www.dpw.state.pa.us/ucmprd/groups/webcontent/documents/form/s_001762.pdf
- Form online at the web address referenced above - PA Dept. of Public Welfare
- **Mailed** with \$10 money order. Do NOT send cash or personal check.
- Keep a copy of completed document with money order as proof of having filed for clearance.

• FBI Clearance - Registration and Fingerprinting

- <https://www.pa.cogentid.com/index.htm>
- Registration completed online at the web address referenced above - *prior* to going to the fingerprint site.
- \$33 fee paid by credit card. An unofficial copy can be obtained for \$2.50 fee at time of registration.
- Choose – **PA Dept. Education** for correct background check.
- The unique identification number (PAE #) is required for the District to access the clearance on the COGENT website.

• TB Test

- Volunteers who are with students 10 hours or more per week must also provide documentation of a TB test administered within one year of the volunteer application date.

Please bring your application and appropriate original background clearances to the appropriate Building Principal or Athletic Director (for coach volunteers) for provisional 60 day approval. Your name will then be presented to the Donegal School Board for final approval as a district volunteer.

You will be eligible to volunteer as long as you continue to volunteer at least once each school year.

Some tips for making the most of your time as a volunteer:

- ✓ Maintain confidentiality regarding anything you hear or observe concerning students.
- ✓ Be on time for all assignments; contact the office as soon as possible if you must cancel.
- ✓ Have students address you as "Mr./Mrs./Ms. ___" unless the teachers suggests otherwise.
- ✓ Follow guidance offered by the classroom teacher; communicate concerns or request help when appropriate.
- ✓ Show interest in the students, their accomplishments, and their activities.

On behalf of the students, staff, and community we sincerely thank you for your service to the Donegal School District.

Volunteer Application

Complete this form and return with the appropriate clearances to the Building Principal and/or Athletic Director.

Name: _____

Address (street): _____

Address (City, State, Zip): _____

Phone: (Day) _____ (Evening) _____ (Cell) _____

Email Address: _____

Are you a parent of a current DSD student? If yes, please complete the following:

Student(s) Name _____ School: _____

AREAS OF INTEREST: Please circle all that apply (Coaching volunteers must be approved by the Athletic Director):

Chaperone/Field Trips (off-campus)

Mentor

Classroom/Special Events

Band/Music Events

Other _____

Athletics/Sports: _____

School/Building _____

EMERGENCY CONTACT INFORMATION:

Emergency Contact: _____ Relationship: _____

Contact's Home Phone: _____ Work: _____ Cell: _____

Alternate Emergency Contact: _____ Relationship: _____

Alt. Home Phone: _____ Work: _____ Cell: _____

Physician Preference: _____ Phone: _____

Hospital Preference: _____ Phone: _____

In the event that I need emergency treatment requiring an ambulance and/or medical care, you have my permission to seek help as listed above or the nearest MD/DO or ambulance/hospital available. I will assume responsibility for any and all fees incurred by such an emergency.

Signature: _____ Date: _____

Print Name: _____

Confidentiality Statement:

By signing this document, you agree that you have received and read the Volunteer Information Guidelines, will maintain confidentially regarding staff/student information and act in an appropriate manner while participating as a volunteer in the Donegal School District.

Signature: _____ Date: _____

ARREST/CONVICTION REPORT AND CERTIFICATION FORM
(under Act 24 of 2011)

Section 1. Personal Information

Full Legal Name: _____

Date of Birth: ____/____/____

Any former names
by which you have
been identified: _____

Section 2. Report of Arrest or Conviction

By checking this box, I report that I have been arrested for or convicted of an offense or offenses enumerated under 24 P.S. §1-111(e) ("Reportable Offense(s)"). See Instructions on Page 2 of this Form for a list of Reportable Offenses. If you have none to report, proceed to Section 3 of this form.

Details of Arrests or Convictions

For any arrest or conviction of any Reportable Offense, specify in the space below (or on additional attachments if necessary) the crime for which you have been arrested or convicted, the date and location of arrest and/or conviction, and the applicable court.

Section 3. No Arrest or Conviction

By checking this box, I state that I have never been arrested for or convicted of any Reportable Offense.

Section 4. Certification

By signing this form, I certify under penalty of law that the statements made in this form are true, correct and complete. I understand that false statements herein, including, without limitation, any failure to accurately report any arrest or conviction for a Reportable Offense, shall subject me to criminal prosecution under 18 Pa.C.S. §4904, relating to unsworn falsification to authorities.

Signature

Date

INSTRUCTIONS

This standardized form has been developed by the Pennsylvania Department of Education, pursuant to 24 P.S. §1-111(j), to be used by current and prospective employees of public and private schools, intermediate units and area vocational-technical schools for the written reporting by current and prospective employees of any arrest or conviction for an offense enumerated under 24 P.S. §1-111(e).

As required by subsection (j)(2) of 24 P.S. §1-111, this form shall be completed and submitted by all current employees of a public or private school, intermediate unit or area vocational-technical school by December 27, 2011. In addition, as required by subsection (j)(4) of 24 P.S. §1-111, this form shall be utilized by employees to provide written notice within seventy-two (72) hours after an arrest or conviction for an offense enumerated under 24 P.S. §1-111(e) and occurring after September 28, 2011. In accordance with 24 P.S. §1-111, employees completing this form are required to submit the form to the administrator or other person responsible for employment decisions in a school entity. If you have questions regarding to whom the form should be sent, please contact your supervisor or the school entity administration office.

PROVIDE ALL INFORMATION REQUIRED BY THIS FORM LEGIBLY IN INK.

LIST OF REPORTABLE OFFENSES

An offense enumerated under 24 P.S. §1-111(e) (a "Reportable Offense") consists of any of the following:

- (1) An offense under one or more of the following provisions of Title 18 of the Pennsylvania Consolidated Statutes:

<ul style="list-style-type: none"> ▪ Chapter 25 (relating to criminal homicide) ▪ Section 2702 (relating to aggravated assault) ▪ Section 2709.1 (relating to stalking) ▪ Section 2901 (relating to kidnapping) ▪ Section 2902 (relating to unlawful restraint) ▪ Section 2910 (relating to luring a child into a motor vehicle or structure) ▪ Section 3121 (relating to rape) ▪ Section 3122.1 (relating to statutory sexual assault) ▪ Section 3123 (relating to involuntary deviate sexual intercourse) ▪ Section 3124.1 (relating to sexual assault) ▪ Section 3124.2 (relating to institutional sexual assault) ▪ Section 3125 (relating to aggravated indecent assault) ▪ Section 3126 (relating to indecent assault) ▪ Section 3127 (relating to indecent exposure) ▪ Section 3129 (relating to sexual intercourse with animal) ▪ Section 4302 (relating to incest) ▪ Section 4303 (relating to concealing death of child) 	<ul style="list-style-type: none"> ▪ Section 4304 (relating to endangering welfare of children) ▪ Section 4305 (relating to dealing in infant children) ▪ A felony offense under section 5902(b) (relating to prostitution and related offenses) ▪ Section 5903(c) or (d) (relating to obscene and other sexual materials and performances) ▪ Section 6301(a)(1) (relating to corruption of minors) ▪ Section 6312 (relating to sexual abuse of children) ▪ Section 6318 (relating to unlawful contact with minor) ▪ Section 6319 (relating to solicitation of minors to traffic drugs) ▪ Section 6320 (relating to sexual exploitation of children)
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- (2) An offense designated as a felony under the act of April 14, 1972 (P.L. 233, No. 64), known as "The Controlled Substance, Drug, Device and Cosmetic Act."

- (3) An offense **SIMILAR IN NATURE** to those crimes listed above in clauses (1) and (2) under the laws or former laws of:
 - the United States; or
 - one of its territories or possessions; or
 - another state; or
 - the District of Columbia; or
 - the Commonwealth of Puerto Rico; or
 - a foreign nation; or
 - under a former law of this Commonwealth.